

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		09/19/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AB</i>	535	10-19-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/25/02
2	7/24/02
3	7/24/02
4	2/15/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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88-6  
10/22/01